

Where angels fear to tread

Nafis Sadik has spent the past 30 years campaigning to increase health choices for women. **Charles Marwick** spoke to her about her achievements

When Dr Nafis Sadik first joined the United Nations Population Fund in 1971, the issues of contraception, abortion, and female genital mutilation—the fund's areas of activity—were taboo in many countries. Now, almost 30 years later, countries such as Chile, Cuba, and Mexico have introduced family planning policies, abortion is widely discussed, and female circumcision is banned in 17 countries.

Dr Sadik, who retires at the end of this year, at the age of 71, played an important part in helping to bring about these changes. She joined the fund as a technical adviser but rose through its ranks and for the past 13 years has been its director. What strategies did she adopt?

Firstly, Dr Sadik, who is an obstetrician by training, always emphasised the health aspects of such issues as contraception and abortion, publicising, for example, the high death rates from illegal abortion. And secondly, she drew attention to the importance of responding to individual needs—providing women with information and letting them make up their own minds.

"No woman wants to be continuously pregnant"

In 1971 only a handful of countries accepted the notion that human population issues had anything to do with development. "By 1983, 12 years later, things had changed dramatically," Dr Sadik said.

"All the developing countries had accepted the fact that population issues had to be looked at in the context of socioeconomic development and had realised that there must be a balance between their rates of population growth and their possibilities for economic growth," she said.

"What we did was to present governments with a public health picture and let the political forces meet it, rather than try to change the political forces. My position on family planning,

for example, is that every country has the responsibility to provide the information, education, and access to all safe and effective methods of contraception. But the choice must be left to the individual.



Dr Sadik: "Issues that were once taboo are now on the public agenda"

"I took the position that we should present the issues as they really are. As an organisation, we promoted family planning not as a demographic goal but as a health goal. It turned out that this was the right goal. Most women in the developing countries actually desire to have fewer children, and no woman wants to be continuously pregnant," she said.

She cited Latin America as an example. The approach that the fund took, she said, was to draw attention to the high rates of maternal mortality due to abortion. When it was presented in those terms, nations such as Chile, Cuba, and Mexico—at that time countries with very different ideologies—all introduced the idea of family planning, Sadik said.

Dr Sadik was fortunate in having a medical training that straddled both the developed and developing worlds. Born in

1929 in the state of Uttar Pradesh, into what she terms a conservative Islamic family, she and her family moved to Pakistan in 1947, at the time of partition. She qualified in medicine at the Dow Medical College in Karachi in 1951, before taking up an internship in obstetrics and gynaecology at the City Hospital, Baltimore, Maryland, followed by a course in health planning at Johns Hopkins University School of Medicine in the same city.

She returned to Pakistan, and worked as a civilian medical offi-

unintended pregnancies, and this included abortion.

"Abortions occur because of unwanted or unintended pregnancies. So what should be done? Nobody wants to have an abortion. We have never suggested legalised abortion. What we are saying is that the abortion issue must be addressed openly. One must see why these abortions are taking place and must provide the means to prevent them. This means that to prevent pregnancy you must provide women with information, education, the power to negotiate, and the freedom to make their own choices and decisions.

"I kept reinforcing that whatever you may think about abortion, from the moral, ethical, or religious standpoint, the fact is it exists in every country, and in many it's a lethal procedure. We presented the facts, made the case, and it carried the day."

An even more difficult issue was the fund's moves to condemn female genital mutilation. "I remember my colleagues at the United Nations said it would never get accepted," Dr Sadik said. "I said why not? Why would they not condemn the practice of female genital cutting or whatever you choose to call it? Give me a valid reason? I can see some good reasons for circumcision, but for women there are none, except to control their sexuality, to subjugate women, to do them harm. This should not be. It has to be abandoned. We must have the strongest possible recommendation that governments eliminate this practice as soon as possible. In the end, of course, the resolution was agreed to. No one could argue."

Dr Sadik added that the practice has now been banned in 17 countries. The greatest change that has occurred in the almost 30 years since Dr Sadik has been with the fund is the attitude to these sensitive topics. "Issues that were once taboo are now on the public agenda. Countries are talking about them. Many national leaders are talking about them," she said. □

cer from 1954 to 1963. She married and had five children, two of whom she and her husband adopted. In 1966 she became director of the Pakistan Central Family Planning Council, a post she held until 1970. Her knowledge of family planning in Pakistan undoubtedly helped her in dealing with such issues in other developing countries.

"Why would they not condemn the practice of female genital cutting?"

The turning point in attitudes came at the 1984 conference on women in Cairo. "The whole agenda at Cairo was formulated around responding to individual health needs," Dr Sadik said. The health section's objective was to promote the health and well-being of the family, reduce maternal mortality, and reduce the incidence of unwanted and

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